

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/2006 through 09/30/2006	Date of election if applicable: (Month, Day, Year) 11/07/2006	FILED OCT 05 2006 CITY OF SANTA MARIA City Clerk Page 1 of 20 For Official Use Only
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 6)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1227669

Treasurer(s)
NAME OF TREASURER
Tom Martinez
MAILING ADDRESS
2450 Professional Pkwy, Suite 220
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-346-8407
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
Trent Benedetti
2151 S College Drive, Suite 101
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, Ca 93455 805-922-4881
OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Alice Batino for City Council

STREET ADDRESS (NO P.O. BOX)
2450 Professional Pkwy, Suite 220
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 805-346-8407
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10.3.08 Date
Executed on 10-5-06 Date
Executed on _____ Date
Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

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FORM
460

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COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Batino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2450 Professional Pkwy, Suite 220	Santa Maria, CA	93455	

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

Statement covers period from 07/01/2006 through 09/30/2006	CALIFORNIA FORM 460
Page 3 of 20	I.D. NUMBER 1227669

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 17,313.00	\$ 17,313.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 17,313.00	\$ 17,313.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 17,313.00	\$ 17,313.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 6,431.72	\$ 6,431.72
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 6,431.72	\$ 6,431.72
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 6,431.72	\$ 6,431.72

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1,205.99
13. Cash Receipts	Column A, Line 3 above 17,313.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 6,431.72
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 12,087.27

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30 \$	7/1 to Date \$
21. Expenditures Made	\$	\$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*

(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	\$
/ /	\$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	07/01/2006	Page	4 of 20
through	09/30/2006		

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Batino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/10/2006	Dolores Greenwald 879 Mc Cloud Street Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
08/10/2006	Joni Gray for Supervisor (#981991) 2151 S College Drive, Suite 101 Santa Maria, CA 93455	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,200.00	1,200.00	G 06 1,200.00
08/10/2006	James La Loggia 500 N Via Firenze Court Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction Recon West, Inc	500.00	500.00	G 06 500.00
09/05/2006	Burt Fugate 215 Rancho Road Nipomo, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Burt Fugate, Realtor	500.00	500.00	G 06 500.00
09/05/2006	James Glines 1435 Genoa Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Community Bank of Santa Maria	100.00	100.00	G 06 100.00
SUBTOTAL \$				2,400.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15,549.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,764.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 17,313.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from 07/01/2006 through 09/30/2006		CALIFORNIA FORM 460	
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NAME OF FILER
Alice Patino for City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/05/2006	Robert Simas 902 Beth Court Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mortgage Lender Mission Oaks Mortgage	100.00	100.00	G 06 100.00
09/07/2006	Susan Chapman 175 Tepusquet Road Santa Maria, Ca 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
09/07/2006	Tony Cossa 1525 E Main Street Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker Tony Cossa, Insurance Broker	100.00	100.00	G 06 100.00
09/07/2006	James Diani 1320 Foxenwood Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Diani Construction	250.00	250.00	G 06 250.00
09/07/2006	Ann Foxworthy 1595 N Refugio Road Santa Ynez, CA 93460	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
SUBTOTAL \$				650.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2006</u> through <u>09/30/2006</u>		CALIFORNIA FORM 460	
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NAME OF FILER
Alice Parino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODATE (IF REQUIRED)
09/07/2006	Joe Hagerman 117 East Morrison Santa Maria, Ca 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
09/07/2006	George Hamill 5980 Oakhill Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Union Asphalt	250.00	250.00	G 06 250.00
09/07/2006	Andy Harmreck 4680 Santa Maria Mesa Road Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paver Union Asphalt	250.00	250.00	G 06 250.00
09/07/2006	William Heres 9145 McClelland Street Santa Maria, Ca 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
09/07/2006	Randy Hermreck 4680 Santa Maria Mesa Road Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction Union Asphalt	250.00	250.00	G 06 250.00
SUBTOTAL \$				950.00		

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

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Statement covers period
from 07/01/2006
through 09/30/2006

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I.D. NUMBER

1227669

NAME OF FILER

Alice Patino for City Council

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/07/2006	Janice Hofiman 414 St Andrews Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
09/07/2006	Home Motors 1313 E Main Street Santa Maria, Ca 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 06 500.00
09/07/2006	James Kelly 1157 E Clarke Ave, Ste G Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Development Bartleson Development	100.00	100.00	G 06 100.00
09/07/2006	Jerry Luis 430 St Andrews Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
09/07/2006	Eloy Renfrow 1035 East Battles Road Santa Maria, Ca 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Dealer Santa Maria Ford	250.00	250.00	G 06 250.00
SUBTOTAL \$				1,050.00		

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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Statement covers period from 07/01/2006 through 09/30/2006		CALIFORNIA FORM 460	
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NAME OF FILER
Alice Patino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (# COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/07/2006	Ron Root 2431 Wedgewood Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Union Asphalt	250.00	250.00	G 06 250.00
09/07/2006	Manfred Sander 2820 E Clark Ave Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rancher Manfred Sander, Rander	100.00	100.00	G 06 100.00
09/07/2006	C. Kent Stephens 505 South McClelland Street, Santa Maria, Ca 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Law Offices of C. Kent Stephens	100.00	100.00	G 06 100.00
09/07/2006	TRI W Enterprises 2236 S BROADWAY STE R Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	G 06 1,000.00
09/07/2006	Leo Trujillo 2436 Ridgemark Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Councilperson City of Santa Maria	500.00	500.00	G 06 500.00
SUBTOTAL \$				1,950.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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Statement covers period from 07/01/2006 through 09/30/2006		CALIFORNIA FORM 460	
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NAME OF FILER
Alice Patino for City Council

I.D. NUMBER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/07/2006	Joseph Wickham 1328 Charlotte Drive Santa Maria, Ca 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner W.F.S	100.00	100.00	G 06 100.00
09/07/2006	Joe Will 2184 Arrowhead Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Union Asphalt	250.00	250.00	G 06 250.00
09/07/2006	Steve Will 2849 Lorencita Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Union Asphalt	500.00	500.00	G 06 500.00
09/14/2006	Henri Ardanzt 2222 Arrowhead Drive Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Bonita Packing, Co	200.00	200.00	G 06 200.00
09/14/2006	Barbara Beck 781 Via Vista Verde Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
SUBTOTAL \$				1,150.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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Statement covers period from 07/01/2006 through 09/30/2006		SCHEDULE A (CONT.) CALIFORNIA FORM 460	
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NAME OF FILER
Alice Patino for City Council

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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/14/2006	Lawnae Hunter 124 E Camino Colegio Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Laenae Hunter, Realtor	499.00	499.00	G 06 499.00
09/14/2006	Marcia Ibsen 1571 E Main Street Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Robert Ibsen, DDS	100.00	100.00	G 06 100.00
09/14/2006	Joe Centeno for Supervisor (#1238073) 403 St Andrews Way Santa Maria, CA 93455	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 06 500.00
09/14/2006	Dale Johnson 1302 W Stowell Santa Maria, Ca 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Food Manager Surefresh Produce	100.00	100.00	G 06 100.00
09/14/2006	Michael Moats 525 East Plaza Drive, Suite 200 Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Michael Moats, M.D.	100.00	100.00	G 06 100.00
SUBTOTAL \$				1,299.00		

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IND - Individual
COM - Recipient Committee
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OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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Statement covers period from 07/01/2006 through 09/30/2006	CALIFORNIA FORM 460
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NAME OF FILER
Alice Patino for City Council

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09/14/2006	Connie Centeno Quigley 403 St. Andrews Way Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
09/14/2006	Ted Scott 519 W Taylor Street #350 Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	100.00	G 06 100.00
09/14/2006	Mark J Smith 1136 W McCoy Lane Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Mark J Smith, General Building Contractor	100.00	100.00	G 06 100.00
09/15/2006	Gary Grossman 2601 Skyway Drive Santa Maria, Ca 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Inland Pacific Builders	100.00	100.00	G 06 100.00
09/19/2006	C-4 Investments 218 Carmen Lane Suite 211 Santa Maria, Ca 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	400.00	G 06 400.00
SUBTOTAL \$				550.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from 07/01/2006 through 09/30/2006		SCHEDULE A (CONT.) CALIFORNIA FORM 460 Page 12 of 20	
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NAME OF FILER
Alice Parino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/2006	C-4 Investments 218 Carmen Lane Suite 211 Santa Maria, Ca 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	400.00	G 06 400.00
09/19/2006	Lincoln Club of Santa Barbara 1830 Eucalyptus Hill Road Santa Barbara, Ca 93130	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 06 100.00
09/19/2006	Edward Murray 1234 Estes Santa Maria, Ca 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wealth Advisor Morgan Stanley	100.00	100.00	G 06 100.00
09/19/2006	Olivera Investment Co 724 E Main Street Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	G 06 100.00
09/19/2006	Toyota of Santa Maria 700 East Belteravia Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 06 500.00
SUBTOTAL \$				1,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	07/01/2006	Page	13 of 20
through	09/30/2006		

NAME OF FILER
Alice Patino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/19/2006	Randy Wheeler 3010 Old Ranch Parkway Seal Beach, CA 90740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Randy Wheeler, Realtor	1,000.00	1,000.00	G 06 1,000.00
09/22/2006	Sandra Brown 831 E Paden Street Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Deputy Santa Barbara County Sheriff's Dept	100.00	100.00	G 06 100.00
09/22/2006	Dennis Belhel & Associates 2624 Airpark Drive Santa Maria, CA 93455	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	G 06 200.00
09/22/2006	OSR Enterprises, Inc 1910 E Stowell Road Santa Maria, CA 93454	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 06 500.00
09/22/2006	Santa Maria Valley Republicans (#1229864) 2151 S College Drive, Suite 101 Santa Maria, CA 93455	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	G 06 400.00
SUBTOTAL \$				2,200.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from 07/01/2006 through 09/30/2006		CALIFORNIA FORM 460	
Page 14 of 20		SCHEDULE A (CONT.)	

NAME OF FILER
Alice Patino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/22/2006	Kathryn Williams 153 Naomi Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	200.00	G 06 200.00
09/30/2006	Joan Duane 506 Boscoe Ct. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	G 06 100.00
09/30/2006	Ronald Ferrari 1825 Cambridge Way Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Carpet Sales Ronald Ferrari, Salesman	400.00	400.00	G 06 400.00
09/30/2006	Blanche Hollingshead 560 Eazy Street Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Santa Maria Prop	100.00	100.00	G 06 100.00
09/30/2006	Martin Farrell Homes, Inc 330 E Canon Periodod, No. F Santa Barbara, CA 93101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 06 500.00
SUBTOTAL \$				1,200.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2006</u> through <u>09/30/2006</u>		CALIFORNIA FORM 460 Page <u>15</u> of <u>20</u>	
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NAME OF FILER
Alice Batino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2006	Isamu Minami 4365 Ashley Place Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer Isamu Minami, Farmer	100.00	100.00	G 06 100.00
09/30/2006	Ted Scott 519 W Taylor Street #350 Santa Maria, CA 93458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50.00	100.00	G 06 100.00
09/30/2006	Ronald Thatcher 5855 Impala Trail Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stockbroker Raymond James Financial Services	100.00	100.00	G 06 100.00
09/30/2006	The HMM Group, LTD, LLC 221 Town Center West #261 Santa Maria, CA 93458	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	G 06 500.00
09/30/2006	Steven Watts 142 Town Center East Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Santa Maria Town Center	100.00	100.00	G 06 100.00
SUBTOTAL \$				850.00		

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from 07/01/2006 through 09/30/2006		CALIFORNIA FORM 460	
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NAME OF FILER
Alice Patino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2006	Kathryn Williams 153 Naomi Pismo Beach, CA 93449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	200.00	G 06 200.00
09/30/2006	Linda Williams 1675 Kronen Way Solvang, CA 93643	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. Sec. Santa Barbara County	100.00	100.00	G 06 100.00
09/30/2006	Wyman Winn 1675 Kronen Way Solvang, CA 93463	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Electromatic, Inc	100.00	100.00	G 06 100.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				300.00		

*Contributor Codes
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SCC - Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

Statement covers period		CALIFORNIA FORM 460
from 07/01/2006	through 09/30/2006	
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOI voter registration |
| LT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Santa Maria 110 E. Cook Street Santa Maria CA 93454	FILE			1,200.00
Cops Voter Guide 705-2 E. Bidwell St., #158 Folsom CA 95630	LIT			302.00
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria CA 93455	PRO			135.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 6,431.72
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 6,431.72**

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 07/01/2006 through 09/30/2006		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Batino for City Council

I.D. NUMBER
1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | FET | petition circulating | TEL | tv. or cable airtime and production costs |
| FL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOI | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Voter Guide 1954 W Carson Street #B Torrance CA 90501	LIT			450.00
VTC Enterprises 2445 'A' Street Santa Maria CA 934556	LIT			593.88
Democratric Voters Choice 340 N Myers Street Burbank CA 91506	LIT			350.00
Graphic Systems 403 North G Street Lompoc CA 93436	CMP			571.12
Sign Shoppe 4011 Sara Court Santa Maria CA 93455	CMP			350.19

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 2,315.19

Type or print in ink.
Amounts may be rounded
to whole dollars.

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I.D. NUMBER

1227669

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Linda Williams 1675 Kronen Way Solvang CA 93643			Reimbursements	611.03
Knight Broadcasting 1693 Mission Drive Solvang CA 93463	RAD			1,868.00

SUBTOTAL \$	2,479.03
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CALIFORNIA
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Statement covers period	
from	07/01/2006
through	09/30/2006

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I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

Attach additional information on appropriately labeled continuation sheets.

FPFC Form 460 (January/05)
FPFC Toll-Free Helpline: 866/ASK-FPFC (866/275-3772)